

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: AAA Care Home	CHAPTER 100.1
Address: 4368 Laakea Street, Honolulu, Hawaii 96818	Inspection Date: February 3, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RECEIVED
APR 09 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department. FINDINGS Resident #1 - On 10/31/20, the day of admission, the progress notes reflected "needs 2 care givers for transfer," "not capable of standing by herself." The resident required the wheelchair for mobility, became agitated and combative during personal care. The level of care (LOC) completed 10/26/20 noted "need for external/total assistance with bathing, dressing/grooming, mobility, transfers, and toileting." Maximum assistance with activities of daily living. However, the LOC was identified as "Adult Residential Care Home Level."	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>On February 4, 2021, took the resident to in-person doctor's appointment for re-evaluation. Please see Appendix A, Physician's Order.</p> <p>The resident was discharged March 31, 2021 due to colon cancer. Admitted to Pali Momi Hospital.</p>	Feb 4, 2021

RECEIVED
APR 09 2021

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. <u>FINDINGS</u> Cabinet containing toxic chemicals and cleaning agents was not secured under the kitchen sink. The key was in the locking device, the cabinet was unlocked. Corrected during the inspection.	<p style="text-align: center;">PART I</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. FINDINGS Cabinet containing toxic chemicals and cleaning agents was not secured under the kitchen sink. The key was in the locking device, the cabinet was unlocked. Corrected during the inspection.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Bought retractable key holder that changed in caregiver's waist. Caregivers will pull out the key after returning back supplies inside the cabinet.</p> <p>I have 2 sets of keys for 2 caregivers at any given time. Caregiver who has a set of keys will be responsible to make sure this procedure will strictly follow at all time.</p> <p>As PCA, I constantly check all the cabinet locks every time I pass & every time they are open the cabinet.</p>	<p style="text-align: right;">10/15/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. FINDINGS Resident #1 - No physician order for "Robitussin DM" found with current medication.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Brought all medications on resident's doctor's appointment on February 4, 2021 for re-evaluation. See Appendix A.</p> <p>Disposed of the "Robitussin DM" which expired April 2021.</p>	Feb 4, 2021

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STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

OCT 15 2021 1:15 PM

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Physician or APRN signed orders for diet, medications, and treatments; FINDINGS Resident #1 - Verbal order for orange juice for blood sugar < 70 was not recorded on the physician order sheet. The order did not include the volume of orange juice and if a repeat blood sugar check was necessary or if the physician was to be notified.	<p style="text-align: center;">PART I</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

21 OCT 15 P1:40

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. FINDINGS Resident #1 - No inventory of possessions.	<p style="text-align: center;">PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Filled up inventory of Valuables & Clothing on Resident's folder.</p>	February 5, 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A current inventory of money and valuables. <u>FINDINGS</u> Resident #1 - No inventory of possessions.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>At admission day, PCG will hand over 2 forms to assigned SCG. Upon admission, on assigned SCG will fill up Resident's clothing & Resident's valuables forms.</p> <p>SCG will take all patients belongings to assigned room and check each item before putting them away. The checklist will be filed at resident's files only after completing the form.</p> <p>PCG will use ARH Admission Checklist to ensure all documents are completed at the time of admission.</p>	<p style="text-align: right;">10/15/21</p> <p style="text-align: right;">21 OCT 15 PM 1:40</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports, (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; FINDINGS Resident #1 - Progress notes did not include actions taken for blood sugar results less than 70, no observations of the resident's condition for blood sugar of 39 on 1/31/21, resident's response after drinking the juice and if a report to the physician was made.	<p style="text-align: center;">PART I</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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STATE OF HAWAII
BOB-3102A
STATE ELECTIONS

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 <u>Resident health care standards. (a)</u> The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. FINDINGS Resident #1 - No documentation for the primary care giver (PCG) and substitute care givers (SCG) training for blood sugar checks and insulin pen use. Submit copy of training for each with the plan of correction (POC).	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">PCG and SCG both attended for diabetes training. Please see attached 2 certificates.</p> <div style="text-align: right;"> STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING </div>	<p style="text-align: center;">10/15/21</p> <p style="text-align: right;">21 OCT 15 P1:40</p>

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<input checked="" type="checkbox"/> §11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. FINDINGS Resident #1 - No documentation for the primary care giver (PCG) and substitute care givers (SCG) training for blood sugar checks and insulin pen use. Submit copy of training for each with the plan of correction (POC).	<div data-bbox="1247 1247 1356 1480"> <p>PART 2</p> <p><u>FUTURE PLAN</u></p> </div> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>If residents need specialized services for example oxygen, nebulizers, I will ask the physician or discharge nurse to train me & SCG. After training, I will document the training on caregiver's Training Sheet.</p> <div data-bbox="219 1648 414 1732" style="writing-mode: vertical-rl; transform: rotate(180deg);"> STATE OF HAWAII DEPT. OF HEALTH STATE LICENSE BOARD </div>	10/15/21 21 OCT 15 PM 1:40

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 Resident health care standards: (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling, limbs, abnormal bleeding, or persistent or recurring pain. <p>FINDINGS Resident #1 - Care givers did not report to the physician the following blood sugar (BS) results: BS=39 on 1/31/21, BS=50 on 1/29/21, BS=56 on 1/25/21, BS=53 on 1/22/21.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Took the patient to PMD on February 4, 2021 for re-evaluation and instructions as shown in Appendix A. Brought the resident's record of daily glucose test results for doctor's evaluation.</p> <p>Educate all SCGs the importance of significant changes or observations that we all need to be aware of and ACTIONS need to be taken.</p>	<p style="text-align: right;">February 4, 2021</p>

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STATE OF MARYLAND
BOARD OF NURSING
STATE LICENSE NO.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (b)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F. <u>FINDINGS</u> Hot water temperature was 126° F.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY.</p> <p>Called plumber and have him adjusted the water temperature of water heater. Also had him repaired the bathroom faucet and shower to make sure water is within the normal temperature which is 100-120°F. Reading is 117 degree Fahrenheit as of Aug 24 2021.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CRCHA STATE LICENSES</p>	<p>21 OCT 15 P 1:40</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (b)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Hot water temperature was 126° F.</p>	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><u>FUTURE PLAN</u></p> <p>I will use monthly checks to remind me that I need to check the hot water temperature.</p> <p>STATE OF HAWAII DOM-CHCA STATE LICENSING</p>	<p>10/15/21</p> <p>21 OCT 15 P 1:40</p>